

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number <u>10/657075</u>		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
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Total Indep <u>10</u>	Total Depend <u>19</u>	Total Claims <u>20</u>
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